2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 19, 2002 8:00 am Secretary of State DOCUMENT # N9900003381 1. Entity Name HELP SAVE THE APALACHICOLA RIVER GROUP, INC. 06-19-2002 90941 046 ****61.25 Mailing Address Principal Place of Business 4812 COUNTY RD. 381 4812 COUNTY RD. 381 WEWAHITCHKA FL 32465 WEWAHITCHKA FL 32465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 59-3640729 Not Applicable Country \$8.75 Additional Country_ Zi<u>p</u>_ -5.-Certificate:of:Status Desired -- 🔲 -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLACKWELL, MARILYN 4812 COUNTY RD. 381 **WEWAHITCHKA FL 32465** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DVP CR2E037 (9/01) ☐ Addition ☐ Delete TITLE TITLE TAUNTON, DANIEL NAME NAME PO BOX 870 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEWAHITCHKA FL 32465 ☐ Change DP ☐ Addition TITLE ☐ Delete TITLE BLACKWELL: MARILYN NAME NAME STREET ADDRESS 4812 COUNTY RD 381 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEWAHITCHKA FL 32465 Addition DS ☐ Change TITLE ☐ Delete TITLE BRYANT, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 1645 COUNTY RD. 381 CITY-ST-ZIP CITY-ST-ZIP WEWAHITCHKA FL 32465 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS • . . . CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pher like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATORE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

6-14-02 850 639-2535

☐ Change

■ Addition

Attachment Doument # 869563, / N9900000338/ Dear Sirs: I am Writing this letter to explain Why our Lusiness Roport is late. Our group Bresident get the form and due to her. Sury schedule, she misplaced it. It was turned over to me a few days ago I called your Clace of business and was told to sian it and sendit along with the fee (61,25-) and We would be O.K. We appriaciate this very mush-Many Thanks Puth Bryan